SUBJECT: **LOS ANGELES COUNTY EMT SCOPE OF PRACTICE – FIELD REFERENCE** REFERENCE 802.1

PATIENT ASSESSMENT

1. Evaluate the ill or injured patient
2. Obtain diagnostic signs to include, but not limited to:
   a. respiratory rate
   b. pulse rate
   c. skin signs
   d. blood pressure
   e. level of consciousness
   f. pupil status
   g. pain
   h. pulse oximetry (if available)

RESCUE & EMERGENCY MEDICAL CARE

1. Provide basic emergency care
2. Perform cardiopulmonary resuscitation (CPR)
3. Utilize mechanical adjuncts for basic CPR
   (requires EMS Agency approval – Approved EMS providers)
4. Use a Public Access Automated External Defibrillator (AED)
   (carrying an AED requires EMS Agency approval as an AED Service Provider)
5. Administer oral glucose or sugar for suspected hypoglycemia
6. Apply mechanical patient restraints
   (per Reference No. 838)
7. Use various types of stretchers
8. Perform field triage
9. Extricate entrapped persons
10. Set up for ALS procedures under paramedic direction

AIRWAY MANAGEMENT & OXYGEN ADMINISTRATION

1. Use the following airway adjuncts:
   a. oropharyngeal airway
   b. nasopharyngeal airway
   c. suction devices
2. Administer oxygen using delivery devices including, but not limited to:
   a. nasal cannula
   b. mask – nonrebreather, partial rebreather, simple
   c. blow-by
   d. humidifier
3. Use the following manual/mechanical ventilating devices:
   a. bag-mask ventilation (BMV) device
   b. continuous positive airway pressure (CPAP)
   (requires EMS Agency approval – Approved EMS providers)
4. Ventilate advanced airway adjunct*s via bag-device*:
   a. endotracheal tube
   b. supraglottic airway device (e.g., i-gel)
   c. tracheostomy tube or stoma
5. Suction:
   a. oropharynx
   b. nasopharynx
   c. tracheostomy tube or stoma

TRAUMA CARE

1. Provide initial prehospital emergency trauma care including, but not limited to:
   a. tourniquets for bleeding control
   b. hemostatic dressings
   (EMSA approved dressings only)
   c. extremity splints
   d. traction splints
2. Use spinal motion restriction devices

ASSIST PATIENTS WITH PRESCRIBED EMERGENCY MEDICATIONS

1. Assist patients with the administration of their physician-prescribed emergency devices and medications to include but not limited to:
   a. Sublingual nitroglycerin
   b. Aspirin
   c. Bronchodilator inhaler or nebulizer
   d. Epinephrine device (autoinjector)
   e. Patient-operated medication pump

PATIENT TRANSPORT & MONITORING BY AN APPROVED EMS PROVIDER

1. Transport and monitor patients in the prehospital setting and/or during an inter-facility transfer by an approved EMS Provider ***(Fire Department or a licensed Los Angeles County Ambulance Operator)***
2. Transport patients with one or more of the following medical devices:
   a. nasogastric (NG)
   b. orogastric tube (OG)
   c. gastrostomy tube (GT)
   d. saline/heparin lock
   e. foley catheter
   f. tracheostomy tube
   g. ventricular assist device (VAD)
   h. surgical drain(s)
   i. medication patches
   j indwelling vascular lines
      i. pre-existing vascular access device (PVAD)
      ii. peripherally inserted central catheter (PICC)
   k patient-operated medication pump
3. Monitor, maintain at a preset rate or turn off if necessary, the following intravenous (IV) fluids:
   a. glucose solutions
   b. isotonic balanced salt solutions (normal saline)
   c. ringer's lactate

LOCAL ADDITIONAL SCOPE OF PRACTICE REQUIRING LA COUNTY EMS AGENCY NOTIFICATION

EMS Providers ***(Fire Department or a licensed Los Angeles County Ambulance Operator)*** may implement and notify the EMS Agency of select additional therapies and medications. Authority: California Code of Regulations, Title 22, Section 100063